

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Robert Haussmann
Serial No.: 10/757,089 Examiner: Nguyen, Huy Thanh
Filed: January 13, 2004 Group Art Unit: 2621
For: FAST PLAY DVD

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

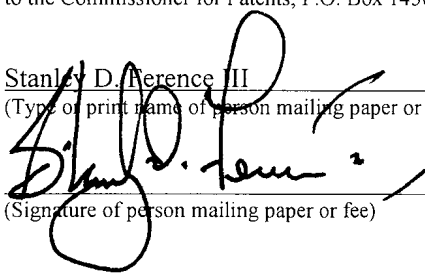
Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted by EFS-WEB on February 4, 2010 to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Stanley D. Ference III
(Type or print name of person mailing paper or fee)


(Signature of person mailing paper or fee)

5. ☐ Also enclosed: _____
6. ☐ No additional filing fee is required.
7. ☐ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)		Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)		<u>SMALL ENTITY</u>				<u>OTHER THAN A SMALL ENTITY</u>			
							<u>RATE</u>		<u>FEE</u>		<u>RATE</u>		<u>FEE</u>	
Total	33	-	**	52	=	*	0	x	\$26	=	O	x	\$52	=
Claims											R			
Ind.	8	-	***	14	=	*	0	x	\$110	=	O	x	\$220	=
Claims											R			
<input type="checkbox"/> Multiple Dependent Claims Presented							+	\$195	=		O	+	\$390	=
											R			
							<u>TOTAL</u>	=	\$_____		O	<u>TOTAL</u>	=	\$_____
											R			

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

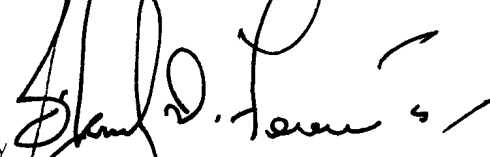
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-5017.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to **Ference & Associates LLC Deposit Account No. 50-5017.**

Respectfully submitted,

FERENCE & ASSOCIATES LLC



By _____
Stanley D. Ference III
Reg. No. 33,879

Dated: February 4, 2010

Mailing Address:

Customer No. 77755
FERENCE & ASSOCIATES LLC
400 Broad Street
Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile